

L17000061200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

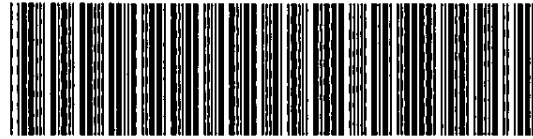
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CATHEDRAL TERRACE REDEVELOPMENT ASSOCIATES LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JULIE V. FANELLI**

Name of Person

**FANELLI LAW FIRM, PA**

Firm/Company

**5300 W. CYPRESS ST., STE. 200**

Address

**TAMPA, FL 33607**

City/State and Zip Code

**jfanelli@fanellilaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Julie Fanelli**

Name of Person

at **(813) 384-4841**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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CATHEDRAL TERRACE REDEVELOPMENT ASSOCIATES LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Shawn Wilson	5300 W. Cypress St., Ste. 200, Tampa, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated November 12, 2013



Signature of a member or authorized representative of a member

**Shawn Wilson, Manager**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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STATE OF FLORIDA